between 01/01/2017 to 31/12/2018. Statistical analysis was completed using Microsoft Excel 2011.

Results We identified 52 patients, 33 males (63%) and 19 females (37%). The median age of the patients was 12 years. 33 patients (63%) were under 'shared care' with a tertiary centre. During the study period, the median number of OPD appointments was 4 (with a standard deviation of 2.2).

The International Society for Paediatric and Adolescent Diabetes (ISPAD) Clinical Practice Consensus Guidelines 2014 Compendium recommends an HbA1c target of < 7.5% (58 mmol/mol) for all patients younger than 18 years of age. 'Good control' was achieved by 8 (15%) patients. 15 (29%) patients had 'poor control' (HbA1c > 80 mmol/mol). 13 (25%) patients did not have a lab HbA1c measured during the study period.

ISPAD recommends screening thyroid function every second year in asymptomatic individuals and screening for celiac disease every 1–2 years. 8 patients (15%) did not undergo thyroid function screening during the study period. 9 patients (17%) did not undergo screening for celiac disease during the study period.

Conclusion The results of this study highlight 'good glycemic control' was less frequent and 'poor glycemic control' was more frequent in our patient population. Further, this study highlights a lack of consistency in screening for diabetes-associated conditions. Currently, children and young people with T1DM attend a general paediatrics outpatient clinic at our hospital. This patient population would benefit greatly from a paediatrics diabetes specific clinic. Additional ways to improve the service locally include adding a 'T1DM care' performa to charts for all clinics visits. This would ensure a systematic approach to the assessment and management of children and young people with T1DM.

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HOW DO YOU MEASURE SELF-MANAGEMENT BEHAVIOUR IN ADOLESCENTS WITH TYPE 1 DIABETES MELLITUS? AN INTEGRATIVE REVIEW OF SELF-MANAGEMENT MEASUREMENT INSTRUMENTS

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Transitioning to diabetes self-management is a challenge for adolescents and a high-risk period associated with poor glycaemic control, disengagement with healthcare services^[i], increased risk of health-related complications^[ii] and mortality^[iii]. It is important for adolescents with T1DM to improve their self-management behaviour because when they move to adult healthcare services, there are greater expectations of being able to self-manage their diabetes and to improve their communication skills. Adjustment during this time can prove difficult, which has further cumulative effects on their overall health.

Therefore, Interventions that can improve self-management behaviour in adolescents are an important contribution in improving diabetes management when transitioning to adulthood. Instruments that can measure self-management behaviour are important to be able to evaluate the effectiveness of such interventions. This integrative review will evaluate the psychometric instruments available to measure self-management

behaviour in adolescents. The aim is to identify psychometric instruments to evaluate interventions for adolescents to improve diabetes self-management behaviour and clinic engagement.

An integrative review was conducted (2009–2019) searching PsycINFO, the US National Library of Medicine PubMed service (PubMed) and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases using key words diabetes, type 1 diabetes, and self-management. The inclusion criteria included: (a) adolescents/youth with type 1 diabetes, (b) self-management instrument used in primary research, (c) instrument measured self-management specifically related to adolescents with T1DM. Further exclusion criteria applied including eliminating duplicates and papers not written in English. This paper will discuss the key findings from this integrative review.

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DETERMINING ADOLESCENTS, PARENTS AND PROFESSIONALS' VIEWS CONCERNING THE EDUCATIONAL NEEDS OF ADOLESCENTS WITH TYPE 1 DIABETES AND CONTENT PREFERENCES FOR SHORT SELF-MANAGEMENT VIDEOS AND A QUESTION PROMPT SHEET

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Adolescents with Type 1 diabetes mellitus (T1DM) are a high risk group due to relatively poor metabolic control and infrequent attendance at healthcare appointments. Many have difficulty in establishing and maintaining self-care routines which can lead to serious complications and hospitalisations. Furthermore the transition from paediatric to adult services is a high-risk period associated with poor glycaemic control, disengagement with healthcare, and increased risk of complications. To improve the quality of care for adolescents they need to be prepared for self-management, to become wholly responsible for their treatment regimen, make autonomous healthcare decisions, and interact with their healthcare providers. Current guidelines emphasise that paediatric diabetes services need to be patient-centred and should promote self-management^[1, 2]. The PACE (Promoting Adolescents Communication and Engagement) study aims to develop and test an intervention to promote adolescents' active engagement and self-advocacy skills in clinic interactions with healthcare providers.

For work package 1, we conducted separate focus groups with adolescents with T1DM, parents and providers from two clinics in Ireland. The objectives were: a) to obtain views of the educational needs of adolescents with T1DM; b) how to involve adolescents more during paediatric diabetes visits; c)